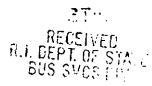
RI SOS Filing Number: 202443919400 Date: 1/11/2024 4:00:00 PM

## State of Rhode island

## **Department of State - Business Services Division**

Annual	Report	for the	year:	2024
Non-Pro	offt Con	poratio	n '	

→ Filing period: February 1 - May 1 → Filing Fee: \$20.00



Penalty: Additional \$25.00 fee if	form is not filed by	May 31.		A28-141-		
1. Entity ID Number 000861135	2. Exact name of the Corporation  The Rhode Island Coalition Against Gun Violence					
3. State of incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	TO CREAT	E A SAFER (	COMMUNITY BY PREVENT	ING GUN VIC	DLENCE	
4. NAICS Code	AND ENHANCING GUN SAFETY.					
813319						
6. Principal Office Address			City	State	Zlp	
265 Oxford Street			Providence	RI	02905	
7. List ALL officers (names and add	dresses)			box to indicate an a	ttachment	
President Name Ariana Wohl			Vice-President Name Melissa Ca	ırden		
Street Address 39 Carr Street			Street Address 10 Fairview Av	enue		
<sup>City</sup> Providence	State RI	<sup>Zlp</sup> 02905	<sup>City</sup> Cranston	State RI	<sup>Zjp</sup> 02905	
Secretary Name N/A			Treasurer Name Rich Streitfeld			
Street Address			Street Address 536 Hope Street			
City	State	Zip	City Providence	State RI	Zip 02906	
8. List ALL directors (names and a	ddresses). RI Cor	porations MUST I		e box to indicate an	[2	
Director Name Sydney Montstr	eam-Quas		Director Name Juan Carter			
Street Address 265 Oxford Street			Street Address 265 Oxford Street			
City Providence	State RI	<sup>Zip</sup> 02905	City Providence	State RI	<sup>Zio</sup> 02905	
Director Name Marlon Henry			Director Name Rosanne Zimmerman			
Street Address 265 Oxford Street			Street Address 265 Oxford Street			
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02905	City Providence	State RI	Zio 02905	
	on of record with the	he RI Department	of State is accurate. Changes requin	a filling Form 641.		
Under penalty of perjury, I decia statements, and that all stateme			d this report, including any accomp d correct.	panying schedul	es and	
This report must be signed by either the Pre-	sident, Vice-President,	Secretary, Assistant S	ecretary, Treasurer, duly Authorized Represents	tive, Receiver or Truste	Ø.	
Name of Officer/Authorized Representative			Date			
Melissa Carden				1/11/24		
Signature of Officer/Authorized Rep	resentative		FILED			
MAII TO:	<del></del>					

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 11 2024

FORM 631- Revised: 12/2023

## THE RHODE ISLAND COALITION AGAINST GUN VIOLENCE

**Additional Directors** 

2024

First	Last	Address	City	State	Zip Code
VERNELL	CLOUDEN-DUVAL	265 OXFORD STREET	PROVIDENCI	RI	02905
DIANA	GARLINGTON	49 WARREN AVENUE	PAWTUCKET	RI	02860
MARLON	HENRY	265 OXFORD STREET	PROVIDENCI	RI	02905
MARGAUX	MORISSEAU	265 OXFORD STREET	PROVIDENC	RI	02905
ROSANNE	ZIMMERMAN	265 OXFORD STREET	PROVIDENCE	RI	02905

FILED

JAN 11 2024

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